

**Employee Medical Accommodation Process Dispute Resolution Form**

Instructions: Please submit this form to the RTW Program Lead via email to request resolution of a dispute related to an employee medical accommodation. Attach any additional relevant information. See procedure document for further instructions.

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| --- | --- | --- |
| **Name**  Click here to enter text. | | **Date**  Click here to enter text. |
| **Job Title**  Click here to enter text. | **Department**  Click here to enter text. | |

Members of Medical Accommodations team:

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| **Supervisor:**  Click here to enter text. |
| **Union Rep (if applicable)**  Click here to enter text. |
| **HR Consultant**  Click here to enter text. |

**Is the dispute the result of a disagreement regarding:**

the employee’s functional abilities

demands of the job,

appropriateness of the accommodation

RTW/MA process itself

Other

**Please describe the details of the dispute:**

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| --- |
| Click here to enter text. |

**What are your suggestions for a resolution?**

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| Click here to enter text. |

**Employee Medical Accommodation Process Dispute Resolution**

**RTW Program Lead Recommendations**

Members of Medical Accommodations team:

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| **Supervisor:**  Click here to enter text. |
| **Union Rep (if applicable)**  Click here to enter text. |
| **HR Consultant**  Click here to enter text. |

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| **RTW Program Lead Name**  Click here to enter text. | |
| **Date Request Received**  dd-mm-yyyy | **Date met with MAAP Team**  dd-mm-yyyy Click here to enter text. |

Do any parties outside of the Medical Accommodations Team need to be involved in order to reach resolution:

No

Yes – explain below:

Click here to enter text.

|  |  |  |
| --- | --- | --- |
| Recommendations for resolution: | Target Date | Person Responsible |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Next Steps:**

**If all members of the MAAP team are satisfied with the recommendations, they will meet to update Action Plan and implement next steps within the agreed upon timelines.**

**If any member of MAAP team is not in agreement with recommendations, they may appeal to the VP HR & Student Services by completing the sections below.**

**Employee Medical Accommodation Process Dispute Resolution**

**APPEAL TO VP HUMAN RESOURCES & STUDENT SERVICES**

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| **Name**  Click here to enter text. | | **Date**  Click here to enter text. |
| **Job Title**  Click here to enter text. | **Department**  Click here to enter text. | |

Members of Medical Accommodations team:

|  |
| --- |
| **Supervisor:**  Click here to enter text. |
| **Union Rep (if applicable)**  Click here to enter text. |
| **HR Consultant**  Click here to enter text. |
| **RTW Program Lead**  Click here to enter text. |

**Please provide your rational for appealing RTW Program Lead recommendations:**

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| --- |
| Click here to enter text. |